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Request	Application Number	10/661,919	
for		Contombo	40.0000
Continued Examination (RCE)	Filing Date	September	12, 2003
Transmittal	First Named Inventor	TAYLOR e	t al.
Address to: Art Unit		3762	
Mail Stop RCE		Joseph A.	Stoklosa
P.O. Box 1450		+	
Alexandria, VA 22313-1450 Attorney Docket Num			00 (134.03170101)
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) pacidio under 37 CFR 1.114 of the sen to apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.			
 Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously fled unertered amendments and amendments enclosed with the RCE will be intered in the order in which they were fled unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). 			
 Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. 			
i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on			
li. Other			
b. 🗹 Enclosed			
I. Amendment/Reply	I. ✓ Amendment/Reply iii. ✓ Information Disclosure Statement (IDS)		
ii. Affidavit(s)/ Declaration(s)	iv. Other		
2. Miscellaneous			
Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a			
a. period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) Other			
b. U Other			
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.			
a. The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. 13-4895			
i. RCE fee required under 37 CFR 1.17(e)			
ii. Extension of time fee (37 CFR 1.136 and 1.17)			
b. Check in the amount of \$	enclosed		
c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit			
card information and authorization on PTO-2038.			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print/Type) Keyin W Passch	Date	istration No.	26 NOV- 2008
Novil 14. Ideach			
CERTIFICATE OF MAILING OR TRANSMISSION The undersigned hereby certifies that this correspondence is being transmitted via the U.S. Patent and Trademark Office electronic filing system in			
accordance with 37 CFR §1.6(a)(4) to the U.S. Patent and Trademark Office addressed to the Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450 _t on the date shown below.			
Signature Deb Schurman			
Name (Print/Type) Deb Schurmann	Date		nber 26, 2008
This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete,			

to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CPR 1.11 and 1.14. This collection is estimated to take it 2 minutes to complete, including gathering, proparing, and sustaining the completed application from the USPTO. Three will we depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggested from the USPTO. Three will we depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggested for reducing this budge, should be sent to the Chief Information Officer, U.S. Patient and Commence, P.O. Box 1450, Alexandria, Valous 2231-3450. The COMM-CIED FORMS TO THIS ACCIPIEST SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, Val 2231-3450.

If you need assistance in completing the form, and 17-600-PTO-999 and select option 2.